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NONE SRH** FOREIGN APPLICATIONS *****
NONE SRH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MA | SHEETS DRAWING 26 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 7 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance | Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials] | | | |

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TITLE

CLOSURE DEVICE AND METHOD FOR TISSUE REPAIR

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| FILING FEE RECEIVED 1916 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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